

BELFAST POLICE



Client Wandering Database: Intake Form

Date: _____

NAME commonly used: _____

Full Name: _____

Date of Birth: _____

Address of Client Residence: _____

Contact Person: _____

Relationship: _____

Contact Phone #: _____

Contact Person Address: _____



Case Worker: _____

Phone # _____

Agency: _____

KNOWN TRIGGERS: _____

KNOWN CALMERS: _____

HEALTH ISSUES: Alzheimer's/Dementia ___ Autism ___ Other _____ ALLERGIES _____

Form Submitted by Signature : _____ Relationship : _____ Phone # _____

Form available at Belfast Police Department, or Sheriff's Office, or online:

<http://www.cityofbelfast.org/index.aspx?nid=177>

Bring or mail completed form and photo to:

Belfast Police Department, 112 Church St, Belfast, ME or Sheriff's Office, 6 Public Safety Way, Belfast, ME

Questions/ Need Help : Call Chief McFadden (207)338-5255 or Chief Deputy Trafton (207) 338-6786